



**AGENCY OF HUMAN SERVICES**

**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dlp.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 10, 2016

Morgan Bovat, Manager  
Brownway Residence  
328 School Street  
Enosburg Falls, VT 05450-5500

Dear Ms. Bovat:

The Division of Licensing and Protection completed an investigation at your facility on **September 21, 2016**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **October 23, 2016**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

You may also request an informal review of all or part of the contents of the notice at any time prior to **October 23, 2016** by calling Suzanne Leavitt, RN, MS, Assistant Division Director, or Clayton Clark, Division Director at (802) 241-0480. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 241-2401.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **October 23, 2016**.

#### Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at (802) 241-0480 if you have any questions.

Sincerely,

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/21/2016</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROWNWAY RESIDENCE**

**328 SCHOOL STREET**

**ENOSBURG FALLS, VT 05450**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

R100

An unannounced onsite investigation was conducted by the Division of Licensing and Protection on 09/20/16 and concluded on 09/21/16. The following are regulatory findings as a result.

R180  
SS=C

V. RESIDENT CARE AND HOME SERVICES

R180

5.11 Staff Services

5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training

This REQUIREMENT is not met as evidenced by:  
Based on employee record review and staff interview, the home failed to ensure that staff training was complete for the skills and techniques staff are expected to perform before providing any direct care to residents. This has the potential to effect all residents in the Facility. Findings include:

During the course of the investigation on 09/20 & 21/16, two staff members were identified as providing transportation for residents to appointments, however, had not completed the 'Defensive Driving' course nor was there evidence that their drivers licenses were current and without conviction. Per review of the policy and procedures of the TCR's Transportation Manual stated all motor vehicle records will be obtained upon hire with criteria as being no more than 3 moving violations in 5 yrs or other conviction/moving violations. The Manual also

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  BROWNWAY RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R180	Continued From page 1  demonstrated that a Defensive Driving course is needed. Per staff interview on 09/20/16 at 12:30 PM. the LNA, who was going to bring residents to appointments later that day, stated [s/he] had not taken the defensive driving course and was not aware if the facility had checked [his/her] drivers license with the Department of Motor Vehicles. The Administrator stated at 12:43 PM that "pretty sure our Insurance company [checked]" but was unable to show evidence through documentation that licenses were checked and confirmed that the Defensive Driving course was not given to the staff who transport residents.	R180			
R213 SS=D	VI. RESIDENTS' RIGHTS  6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.  This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interview the facility failed to assure that every resident is treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. Findings include:  1. Per the incident report and resident interview, during the course of a transport on 08/09/16 to the physician's office, Resident #1 was left unattended in a parking garage for nearly two hours. During interview on 09/20/16 at 2:10 PM. the	R213			

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NAME OF PROVIDER OR SUPPLIER  <b>BROWNWAY RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 SCHOOL STREET</b> <b>ENOSBURG FALLS, VT 05450</b>			
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R213	Continued From page 2  Resident stated that the driver had brought [him/her] to the physician, waited and then took this resident to drop off another resident. However, the resident was left in the van in a parking garage and "never did see the driver for 2 1/2 hours and I had to go to the bathroom". The resident explained that the traffic was very steady and stated, "I was too nervous to try and get out and go inside the lobby". According to a self report on 08/10/16 and interview with the Administrator at 3:30 PM confirmed this was the second incident with this driver leaving residents in the van during transport. The Administrator confirmed this is not acceptable per the Facility's policy and stated that is why the driver is no longer working for them.	R213			